

## REQUEST FOR SUSPENSION FORM

2016-55-T  
2018-263-T  
2018-264-T

<b>Mail or Fax a copy of this form to:</b>  <b>Public Service Commission of South Carolina Clerk's Office</b> <b>101 Executive Center Dr., Ste 100</b> <b>Columbia, S.C. 29210</b>  <b>PHONE (803) 896-5100</b> <b>FAX (803) 896-5199</b>	<b>Need Assistance with completing the Form?</b>  <b>SC Office of Regulatory Staff</b> <b>Transportation Department</b>  <b>PHONE: (803) 737-0800</b>
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DATE: 10/2/2018Please consider this as my Request for *Suspension* of:

- ☐ Class C Taxi Certificate Number \_\_\_\_\_  
☐ Class C Charter Certificate Number \_\_\_\_\_  
☐ Class C Charter Bus Certificate Number \_\_\_\_\_  
☒ Non-Emergency Certificate Number 955  
☐ Class E Household Goods Certificate Number \_\_\_\_\_  
☐ Class E Hazardous Wastes Certificate Number \_\_\_\_\_

I request that my certificate be suspended until 10/2/2019

Date: (mm/dd/yyyy)

True Care Transportation LLC  
 (Name of Company)

D/B/A

(If applicable)

1816 Duff Branch Rd  
 (Street and or Mailing Address)

Conway SC 29527  
 (City, State, Zip Code)

919-412-8717  
 (Telephone Number)

McSennis APD  
 (Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Due to health reasons I'm asking for Certificate  
be place on suspension